

THE AGING NETWORK:
Federal to Local Networks and Their Continuing
Expansion with the Growing Elderly Population

An Honors Thesis (ID 499)

by

Lisa Woodruff

Thesis Director

A handwritten signature in cursive script, reading "David C. Morris", is written over a horizontal dashed line.

(advisor's signature)

Ball State University

Muncie, Indiana

May, 1988

Expected Date of Graduation: May, 1988

Introduction

The steadily growing older population (those 65 years of age and older) in the United States has finally attracted nation-wide attention. For the first time in its history, the United States now has more people age 65 and over than those at 30 and under. Over the past two decades, people in the 65 and over cohort have grown twice as fast as any other age group and now stands at 11 percent of the population. "By 2030, when the last of the baby boomers reaches retirement age, the 65 and over group will include one in every five Americans." (Gaskie, 1988).

The stereotypes about this age segment of the population still abound in the United States. Many view the elderly in negative terms such as frail, ill, feeble, dependent, needy, and living in nursing homes. These stereotypes persist despite the fact that at any given time, only 5 percent of people over 65 are in nursing homes and "the average age at entry is 82." (Gaskie, 1988). Another little known statistic is that "about 20 percent of all people aged 65 and older in the United States are not retired" (Weeks, 1984). Also in the 1977 General Social Survey older respondents had a slightly higher overall life satisfaction rating than the younger populations. As Judith Stevens-Long proposes in her book, Adult Life, people who have high morale and life satisfaction continue to be active in society. Thus, the majority of the elderly population continue to maintain their health, independence, and place

within our society helping to demonstrate the "growing conviction that continued physical and mental activity will lead to a healthier and more satisfying old age" (Weeks, 1984).

History

The federal government took its first step toward addressing the specific problems of the elderly population in 1935 with the establishment of the Social Security Act. The second step came in 1950 with the first White House Conference on Aging. This conference established the first federal Administration Committee on Aging and Geriatrics in 1951. The purpose of that committee was to create a national awareness of problems of the elderly and their need for services to address those problems.

In 1961, the primary concern of the second White House Conference on Aging was the medical problems of the elderly. During this conference, the need for a federal agency on aging was examined. Within the next two years, the Administration on Aging was established; it currently resides within the Department of Health and Human Services.

Congress became concerned that programs would need to be designed and implemented specifically for the elderly otherwise their needs and problems would be overlooked. The Older Americans Act of 1965 addressed these concerns by focusing on coordinating and funding a comprehensive service system for the elderly (Huttman, 1985). The Older Americans

Act contained five Titles in order to achieve this; these original Titles were:

- Title I: This committed the government to assist the elderly in securing full and equal opportunity in such areas as income, housing, health care, and employment.
- Title II: Creation of the Administration on Aging.
- Title III: Provision of grants for community planning, services, and training.
- Title IV: Funding of research and demonstration projects to study the status of the elderly and to develop approaches for improving their living conditions.
- Title V: Provision of funds for training of persons who were employed or would be employed in programs assisting older Americans.

Increased funding for all the Titles was granted in 1967. Title VI which created the National Older Americans Volunteer Program and the Foster Grandparents Program was added two years later. This Title was repealed in 1973. Title VII was created in 1972 to provide funds for projects designed to meet the nutritional needs of the elderly.

In 1971, the White House Conference on Aging recommended the establishment of a network of federal, state, and local planning and advocacy agencies to provide better services for the elderly. It also recommended the development of a wider range of services to meet specific identifiable needs of the elderly.

The Administration on Aging has continued to serve the elderly population by promoting new legislation, new programs and money for the Older Americans' programs. Once any new legislation has been passed, the Administration on Aging establishes the regulations for implementing the resultant programs as well as seeing they are put into operation.

The Administration on Aging also supervise their own regional offices. The regional offices of the Administration on Aging were set up by dividing the United States into ten geographic regions. This was done in order to better assist and monitor the federal programs for the elderly by providing guidelines and procedures for program implementation in specific regions. Indiana has been placed in Region V which also includes the states of Illinois (Chicago houses the regional office), Ohio, Michigan, Wisconsin, and Minnesota.

The Indiana State Commission on the Aging and Aged administers most federal and state aging funded programs, gathers information, supports legislation, serves as an advocate, and establishes policies and procedures for implementing service delivery programs throughout Indiana.

The State Advisory Council on Aging serves in an advisory consultative capacity to the Commission on Aging. Its functions include coordinating the programs of the Commission on Aging with those of local, public, and private agencies throughout the state, recommending needed

legislation, providing short and long-range planning consultant/advisory assistance, conducting technical reviews and making recommendations on Area Agency on Aging plans, and developing recommendations for program changes.

The Area Agencies on Aging were established in 1973 as an amendment on the Older Americans Act. They were established to be the "frontline forces in implementing the Older Americans Act" (Huttman, 1985) and improving the quality of life for the elderly. Area Agencies on Aging focus on a particular geographic area and function similiarly to the Commission on Aging. Indiana's Commission on Aging designated 16 Area Agencies in order to serve all the counties in the state.

Under state law, all Area Agencies on Aging must be legally incorporated with a Board of Directors, also they must have final responsibility for all fiscal, programming, and staff management at the area level. The agency also must have full legal responsiblity for all grants and contracts it establishes with service providers. The responsibilities of Area Agencies on Aging focus on supervision and implementation of programs, coordination of the efforts of service providers and the County Councils on Aging, and keeping the County Councils on Aging informed about issues of concern to them. Area Agencies on Aging also have advisory councils which advise on matters relating to the development and administration of the area programs.

Local History

Indiana's Area VI Agency on Aging was incorporated in 1975 and services the seven counties of Grant, Madison, Blackford, Jay, Randolph, Henry, and Delaware. Funding for operating expenses and an area wide Information and Referral program began in 1975. The latter program's primary purpose is to make the elderly aware of available services and to guide them through the proper channels in order to receive those services.

In 1976 Area VI Agency on Aging assumed the management of the state's nutrition program which is now a direct service of the Agency. Since 1976 Area VI Agency on Aging has expanded to include employment services for the elderly, homemaker/handyman services, managing block grant programs, legal services, transportation in the form of Silver Streak, home healthcare, local and federal advocacy, Pre-Admission Screening, and case management.

The employment services for the elderly are funded through Title V monies. This program provides employment for individuals over 65 who meet income guidelines set up by the federal government. The homemaker/handyman services provide light upkeep of homes for the elderly community. Title XX of the Social Security Act provides grants to fund programs for the elderly. Silver Streak is a bus system which was established to meet the transportation needs of the elderly community. Silver Streak provides transportation for medical appointments as well as

transportation to recreational activities at a nominal cost. Home healthcare is provided in conjunction with BMH Home Healthcare which provides in-home nursing care for elderly individuals. The Nursing Home Pre-Admission Screening Program (PAS) determines the appropriateness of placing an individual in a nursing home by examining the individual's ability to live independently, and assessing the availability of community and family support systems. Case management was developed to implement individual care plans in order to support an elderly individual's independence and desire to reside within their own home.

Healthy Older People Program

The latest expansion of Area VI Agency on Aging came in January, 1988 with the introduction of the Healthy Older People Program (H.O.P.). This expansion is a direct result of recognition at the national level that the majority of the elderly population are active, independent, and healthy as "fully half of all people now 75 to 84 are free of health problems that require special care or that curb their activities" (Time, 1988). Thus, the H.O.P. program originated at the national level while stressing individual state participation. Indiana is one of the many states that is beginning to initiate the program at the state level. A unique aspect, though, in Indiana is that we are currently the only state to begin a comprehensive pilot program of Healthy Older People at the local level. This comprehensive pilot program is being implemented in Delaware County.

Other states have implemented specific programs such as nutrition or exercise programs but this is the first pilot program to attempt coverage of all areas. These areas are exercise and fitness, nutrition, preventive and mental health, vision, injury and fire control, safe use of medication, and smoking cessation.

The State Task Force for the Healthy Older People Program established the following overall goals and objectives:

- 1) To educate and encourage older people regarding health and fitness practices which can promote wellness and increase their prospects for leading more active, productive and independent lifestyles.
- 2) To assess health concerns (such as: high blood pressure, glaucoma, visual acuity, hearing impairment, diabetes, cancer, etc.) and to encourage follow-up and periodic medical check-ups with the physician of their choosing.
- 3) To reduce and ultimately dispel negative stereotypes surrounding the aging process.
- 4) To inform older people of the supportive, preventive health and mental health services available in their home towns.
- 5) To motivate and encourage implementation of a healthful lifestyle based on the State Task Force and Steering Committee recommendations.

- 6) To locate isolated individuals and those without easy access to transportation in order to provide them with the Healthy Older People services and programs.

In order to try and meet the overall goals of the program, the pilot program in Delaware County has established a local Policy Advisory Committee (PAC). The committee members are individuals from the State Commission on Aging, professionals from the medical field, from the exercise field, home health care providers, a representative from AARP, a representative from the Ball State Student Voluntary Services, and elderly consumers. The Policy Advisory Committee has begun creating subcommittees to carry out and implement several of the various State Task Force goals. The subcommittees which are operating at the present time are the Exercise and Fitness Sub-Committee and the Preventive and Mental Health Sub-Committee. Plans for the near future include developing sub-committees on vision, nutrition, injury and fire control, safe use of medications, and smoking cessation.

The primary goal of the H.O.P. program in Delaware County has been to have a local kick-off in conjunction with the May Senior Games which are being held for the second consecutive year at Ball State University. This H.O.P. kick-off will consist of a Health Screening Fair which will include screenings on glaucoma, glucose, blood pressure, cholesterol, hearing, stress, oral, and nutritional counseling. There will also be exercise demonstrations on

walking, yoga, body recall, and low-impact aerobics. A H.O.P. Film Festival will be running daily showing the films Journey to Bountiful, Harry and Tonto, The Autobiography of Miss Jane Pittman, and On Golden Pond which all deal with the triumphs and problems of the elderly. A volunteer will be facilitating discussion with the participants before and after the films.

Future of H.O.P.

The future goals of H.O.P. include the formation of other sub-committees and the development and implementation of programs dealing with the issues of vision, nutrition, injury and fire control, safe use of medications, and smoking cessation. Other goals include continued expansion throughout the other counties serviced by Area VI Agency on Aging and eventually throughout the entire state of Indiana.

Ideas being considered to implement further development in the Delaware County area are a mobile exercise program and a mobile health screening program. These programs could be developed in order to reach the more rural areas in Delaware County by being able to travel to outlying meal sites and churches. Another idea currently being considered for meal sites is a "Brown Bag Lunch" which will deal with the issue that many elderly people use numerous medications without realizing the side effects of combining them. This lunch would provide individuals with the opportunity to bring in all their medications, including over-the-counter medications, in a "brown bag" and discuss and ask questions on a one-to-one basis with a pharmacist.

The future of the local H.O.P. pilot program will hopefully continue to expand throughout the next year. With this expansion the program would be able to deal more effectively with one of their main concerns that of making contact with elderly individuals, in the Delaware County area, who do not have economic resources available to them but wish to maintain a healthy and independent lifestyle.

The nation-wide H.O.P. program is attempting to deal positively with a growing concern in today's society; the concern being the rising health costs of an expanding older population. By informing and making elderly individuals aware of their overall health the H.O.P. program hopes to show the elderly population how to live more healthier and satisfying lives in their old age.

BIBLIOGRAPHY

- Edinberg, M. A. (1985). Mental health practice with the elderly. New Jersey: Prentice-Hall, Inc.
- Gaskie, M. (1988). A little help: Housing for the Aging. Architectural Record, p. 98-107.
- Huttman, E. D. (1985). Social services for the elderly. New York: The Free Press.
- Long-Stevens, J. (1988). Adult life. California: Mayfield Publishing Co., 3rd ed.
- Toufexis, A. (1988). Older - but coming on strong. Time, 131, 76-79.
- Weeks, J. R. (1984). Aging: Concepts and social issues. California: Wadsworth Publishing Co.
- Personal interviews with Area VI Agency on Aging employees
- Pamphlets provided by Area VI Agency on Aging

HOP QUESTIONNAIRE

EXERCISE

- 1) ARE YOU CURRENTLY INVOLVED IN A REGULAR EXERCISE PROGRAM?
YES _____ NO _____ (PLEASE SKIP TO QUESTION 6)
- 2) WHAT KIND OF EXERCISE ARE YOU INVOLVED IN? (PLEASE CHECK AS MANY AS APPLY.)
WALKING _____ BICYCLING _____
SWIMMING _____ OTHER _____
JOGGING _____
- 3) HOW FREQUENTLY DO YOU EXERCISE?
MORE THAN TWICE A WEEK _____
ONCE A WEEK _____ SOMETIMES _____
- 4) DO YOU EXERCISE AS A PRESCRIPTION FROM YOUR DOCTOR?
YES _____ NO _____
- 5) DO YOU EXERCISE ALONE OR WITH FRIEND(S)?
ALONE _____ WITH FRIEND(S) _____
- 6) WHAT DO YOU THINK IS THE MAJOR OBSTACLE TO YOUR EXERCISING REGULARLY?

- 7) WHAT WOULD MOTIVATE YOU TO EXERCISE?

- 8) IS TRANSPORTATION AND/OR ACCESS TO AN EXERCISE PROGRAM A PROBLEM FOR YOU?
YES _____ NO _____

NUTRITION

- 9) DO YOU EAT THREE MEALS A DAY?
YES _____ NO _____ (IF NO, THEN HOW MANY
SOMETIMES _____ DO YOU EAT _____)
- 10) DO YOU HAVE PROBLEMS MAKING BALANCED, NUTRITIONAL MEALS FOR ONE OR TWO PEOPLE?
YES _____ NO _____ NOT SURE _____
- 11) DO YOU HAVE DIFFICULTY GROCERY SHOPPING WITHIN YOUR BUDGET?
YES _____ NO _____
- 12) DO YOU COOK YOUR MEALS FROM SCRATCH OR BUY READY-TO-EAT MEALS (e.g. FROZEN DINNERS)?
COOK _____ READY-TO-EAT MEALS _____ BOTH _____

SAFE USE OF MEDICATION

- 13) ARE YOU TAKING MORE THAN ONE OR TWO MEDICATIONS A DAY (INCLUDING OVER-THE-COUNTER DRUGS)?
YES _____ NO _____
- 14) DO YOU ALWAYS TAKE YOUR MEDICATIONS ON TIME?
YES _____ NO _____
- 15) DO YOU KNOW WHAT EACH MEDICINE DOES FOR YOU (OR WHY IT WAS PRESCRIBED)?
YES _____ NO _____

GENERAL

- 16) DID YOU FIND THAT THE H.O.P. EVENTS _____ (PLEASE CHECK AS MANY AS APPLY)
a. MET YOUR NEEDS _____
b. ANSWERED YOUR QUESTIONS _____
c. DID NOT ANSWER YOUR QUESTIONS _____
d. WERE INFORMATIVE _____
e. WERE ENJOYABLE _____
- 17) WOULD YOU BE INTERESTED IN LEARNING MORE ABOUT AN EXERCISE PROGRAM?
YES _____ NO _____
- 18) WOULD YOU BE INTERESTED IN LEARNING MORE ABOUT GOOD NUTRITION (e.g. HOW TO PREPARE MEALS FOR ONE OR TWO PEOPLE ON A BUDGET?)
YES _____ NO _____
- 19) WOULD YOU BE INTERESTED IN LEARNING MORE ABOUT YOUR MEDICATIONS (e.g. THE POSSIBLE SIDE EFFECTS OF COMBINING MEDICATIONS?)
YES _____ NO _____
- 20) WOULD YOU BE INTERESTED IN LEARNING MORE ABOUT YOUR VISION (e.g. HOW TO DETECT PROBLEMS?)
YES _____ NO _____
- 21) WOULD YOU BE INTERESTED IN LEARNING MORE ABOUT SAFETY WITHIN YOUR HOUSEHOLD?
YES _____ NO _____
- 22) WOULD YOU BE INTERESTED IN LEARNING MORE ABOUT MENTAL HEALTH TOPICS?
YES _____ NO _____

THANK YOU SO MUCH FOR TAKING YOUR TIME TO ANSWER THIS QUESTIONNAIRE.

NAME _____

ADDRESS _____

PHONE NUMBER _____